

County of San Bernardino

FAS

STANDARD CONTRACT

					FO	R COUN	TY USE	ONLY					
Е		New	Vendor Code			Dept.			Contra	ct Number			
М	X	Change					SC		Α	2000)-169	A-1	
Х		Cancel							, ,				
Co	County Department						Dept.	Org.		Contractor's License No.			
A	Arrowhead Regional Medical Center												
Со	County Department Contract Represe			resent	tative	Ph. Ext.		Amount of Contract					
Λ	Mark H. Uffer, Director						580-6150			Varies			
F	und	d Dep	ot.	Organizat	ion	Appr.	Obj/R	ev Sour	се	Activity	GRC	/PROJ/JOB Nu	mber
E	Αľ	O MC	R	MCR		200	2445	5					
	Commodity Code					l	Estimated Payment Total by Fiscal Year						
						FY	Amo	unt	1/1	D F	Υ	Amount	I/D
	Project Name												
Р	Primary Care Services												
to	to CMSP Patients			- -								_	

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

Ivanic				
	Medical Personnel Management Corporation	hereinafter called	Provider	
Addres	SS	_		
	400 North Pepper Avenue	<u></u>		
		_		
	Colton, California 92324			
Phone	Birth Date	_		
	(909) 580-6333			
Federa	II ID No. or Social Security No.			
	33-0896478			

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

AMENDMENT #1

Amend contract No. 2000-169 in the following manner:

DELETE Section 4.01 and **ADD** new Section 4.01 as follows:

Provider shall be paid at the agreed upon rate of \$13.50 per member per month. An eligible person will be enrolled for up to twelve (12) months from the date of application unless such person ceases to be eligible for CMSP benefits or requests and is granted a change of primary care providers.

All other terms and conditions of Contract No. 2000-169 remain unchanged.

Page 1 of 2

/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
COLINITY OF CAN DEDNIADDING		Madical Darganad	Managament Carnaration			
COUNTY OF SAN BERNARDINO			Management Corporation for poration, company, contractor, etc.)			
		(, , , , , , , , , , , , , , , , ,			
<u> </u>		Ву				
Chairman, Board of Supervisors		(Authoriz	ed signature - sign in blue ink)			
Dated:		Nome Cuillerme Valenzuele MD				
Daled.		Name <u>Guillermo Valenzuela, MD</u> (Print or type name of person signing contract)				
SIGNED AND CERTIFIED THAT A COPY						
DOCUMENT HAS BEEN DELIVERED TO	THE	Title <u>President</u>				
CHAIRMAN OF THE BOARD Clerk of the Board of S	Supervisore	Datad:	(Print or Type)			
of the County of San E		Daled.				
By		Address 400 Nortl	h Pepper Avenue			
Deputy		Colton	California 02224			
		Collon, C	California 92324			
Approved as to Legal Form	Reviewed by Contract C	Compliance	Reviewed for Processing			
_						
County Counsel	<u> </u>		Agency Administrator/CAO			
County Counsel	I		Agency Administrator/CAO			

Date	Date	Date